

La Center School District No. 101

725 Highland Road/PO Box 1840
 La Center, WA 98629
 Phone: 360.263.2131/Fax: 360.263.1140

Employment Verification

To: _____

Date: _____
 Phone: _____
 Fax: _____

Name: _____

SS#: _____

I authorize you to release all information requested in the "Verification of Employment" to the La Center School District.

Employee Signature

Date

The above person has been offered employment with the La Center School District and has indicated past employment by your district/organization. The information requested is in conjunction with Washington State Administrative Code 392-121-280. Please list each year separately and complete all sections of the form so that we can place the employee at the correct level on the salary schedule.

School Year MM/DD/YYYY Start/End	Position Held	Days in Full Time Year	Hrs in Full Time Day	Full Time Y / N	Days Pd This School Year if Less Than 1 FTE	Certificate Required Y / N	La Center SD Use Only: Annual FTE

To Be Completed By
 Washington State Districts:
 Sick Leave Hours Transferable _____
 Retirement Plan: #1 #2 #3

Reporting School District:
 Signed: _____
 Title: _____
 Date: _____

PLEASE FORWARD COPIES OF ALL CREDIT/CLOCK HOUR APPROVAL FORMS AND TRANSCRIPTS USED FOR SALARY PLACEMENT PER WAC 392-121-262.